



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)
Dirk PREIKSZAS et al.) Group Art Unit: Unassigned
Application No.: 10/619,475) Examiner: Unassigned
Filed: July 16, 2003) Confirmation No.: Unassigned
For: OBJECTIVE LENS FOR AN ELECTRON MICROSCOPY SYSTEM AND ELECTRON MICROSCOPY SYSTEM)))

TRANSMITTAL LETTER FOR SUPPLEMENTAL APPLICATION DATA SHEET

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

A Supplemental Application Data Sheet is being submitted herewith to correct typographical errors in the Application Data Sheet filed on July 16, 2003, in particular, in the street addresses of the first and fourth inventors and in the applicant authority type of the first and second inventors.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: September 2, 2003

Douglas H. Pearson

Registration No. 47,851

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SUPPLEMENTAL APPLICATION DATA SHEET

Application Information

Application Number::	10/619,475
Filing Date::	07/16/03

Application Type:: Regular

Subject Matter::

Suggested Classification:: Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?::

Number of Copies of CRF::

Title:: Objective Lens for An Electron Microscopy

System and Electron Microscopy System

Attorney Docket Number:: 007413-058

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 3

Total Drawing Sheets:: 8

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

Applicant Information

Country of Residence::

Inventory Inventor Applicant Authority Type:: Germany Primary Citizenship Country:: **Full Capacity** Status:: Dirk Given Name:: Middle Name:: Preikszas Family Name:: Name Suffix:: Oberkochen City of Residence:: State or Province of Residence:: Germany Country of Residence:: Zepplinweg 4 Zeppelinweg 4 Street of Mailing Address:: Oberkochen City of Mailing Address:: State or Province of Mailing Address:: Country of Mailing Address:: Germany D-73447 Postal or Zip Code of Mailing Address:: Inventory Inventor Applicant Authority Type:: Germany Primary Citizenship Country:: **Full Capacity** Status:: Michael Given Name:: Middle Name:: Steigerwald Family Name:: Name Suffix:: Aalen City of Residence:: State or Province of Residence::

Germany

Street of Mailing Address::

Jochgasse 45

City of Mailing Address::

Aalen

State or Province of Mailing

Address::

Country of Mailing Address::

Germany

Postal or Zip Code of Mailing

D-73434

Address::

Applicant Authority Type::

Inventor

Primary Citizenship Country::

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Status::

Full Capacity

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Name Suffix::

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State or Province of Residence::

Country of Residence::

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Street of Mailing Address::

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City of Mailing Address::

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State or Province of Mailing

Address::

Country of Mailing Address::

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Postal or Zip Code of Mailing

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Address::

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Germany

Status::

Full Capacity

Given Name::

Peter

					
` '	·	- - -	Application::	Date::	
Application::	Continuit	y Type::	Parent	Parent Filing	
Domestic Priority Infor	mation				
Representative Customer N	lumber::	21839			
Representative Informa	ation				
Fax Number:		(703) 836-20	21		
Phone Number::		(703) 836-66			
Correspondence Customer Number::					
Correspondence Inforr		04000			
Address::	45				
Postal or Zip Code of Mailin	g	D-72764			
Country of Mailing Address:		Germany		•	
Address::					
State or Province of Mailing					
City of Mailing Address::		Reutlingen			
Street of Mailing Address::		Glaserstrasse	Glaserstrasse 4		
Country of Residence::		Germany			
State or Province of Resider	nce::				
City of Residence::		Reutlingen			
Name Suffix::					
Family Name:		Gnauck			
Middle Name::					

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::	
Germany	102 33 002.6	July 19, 2002	Yes	

Assignee Information

Assignee Name::

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